

In The Matter Of:
United States vs.
PFC Bradley E. Manning

Vol. 35
August 14, 2013
UNOFFICIAL DRAFT - 8/14/13 Morning Session

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VOLUME XXXV

IN THE UNITED STATES ARMY

UNITED STATES

VS.

MANNING, Bradley E., Pfc. COURT-MARTIAL

U.S. Army, xxx-xx-9504

Headquarters and Headquarters Company,

U.S. Army Garrison,

Joint Base Myer-Henderson Hall,

Fort Myer, VA 22211

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The Hearing in the above-entitled matter was held on Wednesday, August 14, 2013, commencing at 9:48 a.m., at Fort Meade, Maryland, before the Honorable Colonel Denise Lind, Judge.

DISCLAIMER

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1 APPEARANCES:

2
3 ON BEHALF OF GOVERNMENT:

4 MAJOR ASHDEN FEIN

5 CAPTAIN JOSEPH MORROW

6 CAPTAIN ANGEL OVERGAARD

7 CAPTAIN HUNTER WHYTE

8 CAPTAIN ALEXANDER Von ELTEN

9
10 ON BEHALF OF ACCUSED:

11 DAVID COOMBS

12 CAPTAIN JOSHUA TOOMAN

13 MAJOR THOMAS HURLEY

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August 14, 2013

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1 PROCEEDINGS,

2 THE CLERK: All rise.

3 THE COURT: Please be seated. The court is
4 called to order. Captain Morrow, please account for
5 the parties.

6 MR. MORROW: Yes, Your Honor. All parties
7 present when the court last recessed are again present
8 with the following exception: Major Fein is absent,
9 I'm obviously present. As of 09:38, there are 40
10 members of the media at the media operation center, one
11 stenographer, six media in the courtroom panel box, 30
12 spectators in the courtroom, 40 spectators in the
13 overflow trailer and then additional spectators in the
14 verbalite (phonetic) cottage, addition overflow area.

15 THE COURT: All right. Thank you.

16 Just briefly, counsel, and I met in RCA 802
17 conference just prior to coming on today just to
18 discuss logistics and scheduling issues that will arise
19 in the case and there was a request from the Defense
20 that certain witnesses may be testifying today be
21 allowed to remain in the courtroom.

1 Is that correct?

2 MR. COOMBS: That is correct, Your Honor,
3 Miss Casey Major and Ms. Debbie Van Austin (phonetic)
4 to remain in the courtroom.

5 THE COURT: Government, do you have any
6 objection to that?

7 MS. OVERGARD: No, ma'am.

8 THE COURT: Then, I assume they are here?

9 MR. COOMBS: That is correct, Your Honor.

10 THE COURT: Have there been any additional
11 exhibits marked?

12 MR. MORROW: Yes, ma'am. Appellate 657
13 alpha are the mental health records reviewed by the
14 court and camera on 13 August 2013. Appellate Exhibit
15 657 bravo are the release mental health records after
16 that encounter review also on 13 August.

17 THE COURT: All right. Thank you.

18 Before we proceeding with the Defense case,
19 the court is prepared to rule on the Defense motion for
20 appropriate relief under RCM 1001B4 Commander Youssef
21 Aboul-Enein.

1 (Judge Reads Defense motion into the record.)

2 THE COURT: We will move to mark as the
3 next Appellate exhibit in line.

4 Is there anything else we need to address
5 before we proceed to the Defense case?

6 MR. MORROW: No, Your Honor.

7 MR. TOOMAN: Your Honor, the Defense had
8 previously requested a court judicial notice on the
9 number of public statements. Those have been marked.
10 I would move those into evidence at this point, defense
11 exhibit for identification XXX [inaudible] from
12 President Obama, former Secretary Gates and then YYY is
13 a statement from former Secretary Gates and former
14 Secretary Clinton.

15 THE COURT: All right. Any objection to
16 Defense Exhibit XXX and Defense Exhibit YYY?

17 MR. MORROW: No, Your Honor.

18 THE COURT: All right. I need to go back
19 and look at my ruling, but one of these was for
20 non-hearsay purposes and one of them -- one of the
21 categories was for hearsay -- to include hearsay.

1 MR. TOOMAN: Yes, ma'am. XXX, there was a
2 hearsay exception for those statements and then YYY are
3 offered for non-hearsay purposes.

4 THE COURT: All right. Government agree?

5 MR. MORROW: Yes, Your Honor, and our
6 understanding is neither of those exhibits are -- the
7 court doesn't need to relax rules about them.

8 THE COURT: All right. Defense Exhibits
9 XXX and YYY for identification are both admitted.
10 Proceed.

11 MR. COOMBS: The Defense calls Captain
12 Michael Worsley to the stand.
13 Whereupon,

14 CAPTAIN MICHAEL WORSLEY,
15 called as a witness, having been first duly sworn to tell
16 the truth, the whole truth, and nothing but the truth,
17 was examined and testified as follows:

18 MR. VON ELTEN: For the record, you're
19 Captain Michael Worsley of the 1835th medical
20 detachment CSC?

21 THE WITNESS: Correct.

1 EXAMINATION BY MR. COOMBS:

2 Q Good morning, Dr. Worsley.

3 A Good morning.

4 Q You are a clinical psychologist?

5 A Yes, sir.

6 Q And you're currently -- are you currently
7 on active duty?

8 A Only for this trial, sir. I'm in the
9 reserves.

10 Q And were you ever on active duty?

11 A Yes, sir.

12 Q And how long were you on active duty?

13 A Four years in the Marine Corp as an
14 enlisted person and a year for the army, sir.

15 Q And you're currently, I take it, in the
16 reserves, then?

17 A Yes, sir.

18 Q And how long have you been in the reserves?

19 A Since December 2007.

20 Q In December of 2009, did you evaluate PFC
21 Manning?

1 A I did.

2 Q And did you treat PFC Manning through
3 December of 2009 through May of 2010?

4 A I did.

5 Q Dr. Worsley, are you prepared today to tell
6 us about your treatment and evaluation of PFC Manning
7 during the Iraq deployment?

8 A I am.

9 Q Now, let's start off by learning a little
10 bit about you. You obtained your Bachelors of Science
11 in psychologist from the University of Houston
12 Victoria; is that correct?

13 A Yes, sir.

14 Q And when did you obtain that degree?

15 A 1998.

16 Q You then began your Masters of Arts in
17 clinical psychology from the University of Houston,
18 Victoria; is that correct?

19 A Yes, sir.

20 Q And did you obtain that degree?

21 A No, sir.

1 Q And can you explain why not?

2 A To get a doctorate in psychology, at that
3 point, I didn't need to get a masters. I could go
4 directly into the doctorate program and that's what I
5 did. I left my masters program to get in a doctorate
6 program.

7 Q And I take it, then, you obtained your
8 doctorate?

9 A Yes.

10 Q A when did you do that?

11 A 2003.

12 Q And was that in clinical psychology?

13 A Yes, sir.

14 Q Where did you do your psychology internship
15 and residency?

16 A The internship was at the University of
17 Texas Health & Science Center, San Antonio and from
18 there I went to Missouri State Hospital in Farmington,
19 Missouri.

20 Q And how long did it take to complete the
21 internship and residency?

1 A The internship was a year and the following
2 post-doctoral studies was about ten months.

3 Q Dr. Worsley, let's turn to, now, your
4 actual experience evaluating patients.

5 How many patients have you seen in your
6 years of practice?

7 A Many.

8 Q Can you put a number to that?

9 A Hundreds.

10 Q And what methods do you use in evaluating a
11 patient?

12 A It depends on the issue. Typically,
13 clinical interview, any assessment tools that we need,
14 spending time with somebody. The evaluation process is
15 continuous, so...

16 Q Can you briefly describe what a typical
17 working day would be like for you as a clinical
18 psychologist?

19 A In my position now?

20 Q Yes.

21 A It's a 9:00 to 5:00. Typically, in the

1 position I am in with the Department of the Army, I
2 receive referrals from primary care providers. They
3 bring folks that are having mental health issues or
4 just have questions and I see people throughout the
5 day.

6 Q Now, Let's discuss of the past positions
7 that you've held.

8 You were a psychologist for the Arizona
9 Department of Corrections?

10 A That's correct, for three years.

11 Q And what time period did you hold that
12 position?

13 A That was from 2005 to 2008.

14 Q And what were your general duties in that
15 position?

16 A I served as the lead psychologist at a
17 prison in west Phoenix. So I supervised a team of
18 mental health professionals for about 5,000 inmates.

19 Q Were you also the staff psychologist for
20 the Veterans Health Administration?

21 A Yes.

1 Q And when did you hold that position?

2 A I began with the VA in 2008 -- 2008 until
3 this year, 2013.

4 Q And what were your general duties in that
5 position?

6 A I began as a general psychologist just in
7 the mental health. From there, I moved into a specific
8 program for posttraumatic stress disorder. Then I
9 deployed to Iraq. I came back, worked in the
10 posttraumatic stress disorder clinic again and then did
11 compensation impingement exams.

12 Q You said you deployed. Is that the time
13 you went on active duty and deployed to FOB Hammer
14 Iraq?

15 A Yes. That was one of the places, yes, sir.

16 Q And what were general duties at FOB Hammer
17 Iraq?

18 A My duties with the -- I was with the
19 1908 Medical Detachment at that time and our duties
20 were to basically augment the behavioral health officer
21 for the brigade.

1 Q And currently you're a clinical
2 psychologist with the Evans Army Community Hospital?

3 A That's correct.

4 Q And how long have you been there?

5 A Since January of this year.

6 Q And what are your general duties in that
7 position?

8 A Clinical psychologist. Again, my title was
9 an internal behavioral health consultant. I give
10 referrals from the primary care providers for
11 dependents and retirees for the most part. Some active
12 duty folks.

13 MR. COOMBS: Your Honor, at this time, the
14 Defense requests the court recognize Dr. Worsley as an
15 expert under MRE 702 and the subject matter expertise
16 of clinical psychology.

17 THE COURT: Any objection?

18 MR. VON ELTEN: No objection, Your Honor.

19 THE COURT: So accepted. Proceed.

20 BY MR. COOMBS:

21 Q I know you said you went to Iraq.

1 Do you recall the month you deployed to
2 Iraq?

3 A I believe we got there in December of 2009.

4 Q And as part of your job when you were in
5 Iraq, would you review ongoing cases?

6 A Yes.

7 Q And were some of these cases command
8 directed evaluations?

9 A Yes.

10 Q Do you know who Captain Martin Lieberman
11 is?

12 A Yes, he was with the 55th Medical Company,
13 the folks that we replaced.

14 Q And how do you know him? Was he your
15 counterpart?

16 A He was a clinical psychologist at Hammer
17 when I got there. We were supposed to do a left
18 seat/right seat change out.

19 Q Did you receive any referrals from him in
20 December of 2009 that were command directed mental
21 health evaluations?

1 A Yes, he had just completed one with PFC
2 Manning.

3 Q And when -- actually, why was he referring
4 PFC Manning to you at that point?

5 A Based on his -- from what I remember, of
6 his command directed evaluation, the recommendation
7 that he made was that Manning partake in ongoing
8 psychotherapy.

9 Q Was your office at FOB Hammer?

10 A Yes.

11 Q And when you met PFC Manning, was that also
12 at FOB Hammer?

13 A Yes, sir.

14 Q How large was FOB Hammer?

15 A Everything was within walking distance. I
16 can't remember the specific size of it. Maybe a mile
17 by a mile square.

18 Q So if a soldier wanted to, they could walk
19 to meet with you if they needed to?

20 A Absolutely. We were -- our office was
21 attached to the back of the medical unit.

1 Q Doctor, I'm handing you what's been marked
2 as Defense Exhibit VVV for identification.

3 A Okay.

4 Q If you would, for a moment, take a look at
5 that and thumb through it and when you're done --

6 A I forgot my glasses. Sorry.

7 Q Are they in the --

8 A They're just on the table. Sorry, I forgot
9 my reading glasses.

10 Q I'm fighting that myself?

11 A I turned 40 and it was all downhill.

12 (There was a pause in the proceedings.)

13 A Sorry.

14 Q Nice glasses.

15 A These appear to be notes that I wrote while
16 in theater.

17 Q And who are these notes for?

18 A PFC Manning.

19 Q And, generally, what time period do these
20 notes cover?

21 A They start 30 December and the last one is

1 26 May.

2 Q And why do you write notes such as the ones
3 that are in front of you?

4 A To document any care that we give, any
5 issues that we have.

6 Q Based upon your observation there, do those
7 look like the notes that you produced?

8 A Yes.

9 MR. COOMBS: Your Honor, the Defense offers
10 Defense Exhibit VVV for identification into evidence as
11 Defense Exhibit VVV.

12 MR. VON ELTEN: No objection.

13 THE COURT: May I see it, please? Thank
14 you. Exhibit VVV for identification into evidence.

15 MR. COOMBS: I'm handing the exhibit back
16 to the witness.

17 BY MR. COOMBS:

18 Q Doctor, I'd like to go through the times
19 that you saw PFC Manning and discuss a few of them in
20 more detail.

21 When was the first time that you saw PFC

1 Manning?

2 A The first time I documented was 30
3 December, 2009.

4 Q And what type of evaluation was the 30
5 December, 2009 meeting?

6 A I think it would have been our initial
7 meeting. I hadn't -- I was brand new to the Forward
8 Operating Base and this was the one that Captain
9 Lieberman suggested that I follow on, so...

10 Q How does this initial meeting differ from a
11 command directed evaluation?

12 A At that point, it was voluntary. He -- PFC
13 Manning decided to come or wanted to come. No feedback
14 was given to any of the command. It was basically like
15 any psychotherapy you would have out in the real world.
16 It was confidential.

17 Q Now, in general, why would somebody be
18 coming to see you voluntarily?

19 A People came to see us for all different
20 kinds of reasons. Specifics would be suicidal or
21 homicidal ideation. That would be the command directed

1 folks, but I had folks that came voluntarily because
2 they were stressed out, feeling some kind of stress
3 either in theater or from back home.

4 Q Prior to your 30 December meeting, did you
5 speak with Captain Lieberman about PFC Manning?

6 A Other than Captain Lieberman telling me
7 that he was going to suggest that I follow up with PFC
8 Manning, Specialist Manning, at that time but PFC
9 Manning, no.

10 Q And why didn't you speak with Captain
11 Lieberman prior to meeting with PFC Manning?

12 A Well, typically when a new unit comes in
13 there's what we call a left seat/right seat where we
14 change out, people getting introduced to people who are
15 in key positions.

16 For whatever reason, Captain Lieberman was
17 unable to kind of complete that properly and so I was
18 kind of starting from ground zero. And so I think he
19 didn't even turn over the keys to the office until the
20 day he left and that's pretty atypical, so...

21 Q Prior to meeting with PFC Manning, did you

1 speak with anyone from PFC Manning's chain-of-command?

2 A No.

3 Q As part of your review of PFC Manning's
4 records, did you ever see a memorandum for a record
5 written by then Master Sergeant Adkins dated 21
6 December, 2009?

7 A I believe it was part of his record, his
8 medical record.

9 Q I'm handed you Defense Exhibit XX. Doctor,
10 take a look at that and when you are done look up at
11 me.

12 A (Witness complied.)

13 Q Doctor, do you recognize that?

14 A As much as I can remember, yes, sir.

15 Q And when you said you saw this, was this at
16 the time that you did your initial meeting with PFC
17 Manning during December or did you see it at some point
18 later?

19 A I would think it would probably have been
20 part of -- if I remember correctly, this was a
21 memorandum that Master Sergeant Atkins gave to Captain

1 Lieberman prior to the command directed evaluation. So
2 I think that he had it as part of his paper file that
3 was maintained.

4 Q And when you saw that memorandum, did you
5 attempt to speak with Master Sergeant Atkins about the
6 memorandum?

7 A No.

8 Q Did Master Sergeant Atkins or anyone in the
9 chain-of-command attempt to speak to you once it was
10 clear that PFC Manning was now being sent to you?

11 A No.

12 Q Did you know what PFC Manning's military
13 occupational specialty was at this point?

14 A I knew that he worked as an intel analyst.

15 Q And did you understand what an intel
16 analyst did?

17 A I don't think that I knew what a day-to-day
18 process was for them. I knew they had something to do
19 with intel.

20 Q How long did PFC Manning meet with you on
21 this first meeting?

1 A Typically, they're located in here...

2 Q I'll retrieve Defense Exhibit XXX.

3 A Yes, sir. I think the first time we met it
4 was kind of a "how are you doing, get to know you." I
5 introduced myself. Probably 20 to 30 minutes.

6 Q And based upon that meeting, what did you
7 learn about PFC Manning?

8 A Based on my notes, that he was having
9 issues at work and that he explained -- I think I had
10 asked him about the reason for the command directed
11 evaluation. He explained the outburst and we talked
12 about working together on some specific issues that
13 might help.

14 Q Based upon your meeting, did you perceive
15 that PFC Manning exhibited any trust issues with you?

16 A From the beginning, he was somewhat
17 guarded. I mean, we always worry about folks that will
18 come in the very first time they meet you and spill
19 their guts. It's never a good sign. The opposite is
20 also true. We want to develop a relationship and, at
21 that point, it was difficult.

1 Q Did you determine that PFC Manning needed
2 further treatment based upon this initial meeting?

3 A Yes.

4 Q And why was that?

5 A A loyal bit bias, I guess. I assume that
6 everybody can benefit from some treatment. As a
7 clinical psychologist, I guess it's job security. At
8 the same time, he had been identified as somebody who
9 needed some continuing help as well, so...

10 Q Doctor, I'd like now to look at your second
11 evaluation of him on 6 January, 2010.

12 A (Witness complied.)

13 Q What type of evaluation was the 6th of
14 January meeting?

15 A Again, just a follow on the treatment.

16 Q And prior to this meeting, did anyone speak
17 with you from the chain-of-command?

18 A Not that I recall.

19 Q How long did this meeting last?

20 A Let's see, I would assume between 30 and 45
21 minutes.

1 Q And what was the goal of the second meeting
2 now that you had that initial meeting with PFC Manning?

3 A Again, I think it was continuing the
4 relationship, identifying the specific treatment goals
5 and doing some exploration on what those goals might
6 be.

7 Q In this meeting, did you know whether or
8 not you still believed PFC Manning had a trust issue
9 with you?

10 A Let's see, obviously I said focus treatment
11 continues to be on establishing a trusting, therapeutic
12 relationship.

13 Q Why would you document that?

14 A I think the reason that I typically
15 document those things is in the beginning, especially
16 in the beginning of treatment, it's important to kind
17 of have that feeling that we're moving toward, I guess,
18 a relationship, if you will, a trusting relationship
19 and so I felt that there was still some things that
20 perhaps he was still kind of guarded against sharing
21 too much.

1 Q Based upon now this second meeting, did you
2 document any diagnosis that you might have come to?

3 A I think that I continued the diagnosis that
4 was previously given and that was anxiety disorder
5 nonetheless.

6 Q Now, let's look to your next evaluation
7 that occurs on 16 February, 2010.

8 Do you recall why there was a 40-day gap
9 between your sessions?

10 A I don't. I don't have any recollection why
11 there would be. I know that I wanted to see him
12 weekly. And -- to be honest with you, I don't recall
13 why there was a 40-day gap.

14 Q Were you ever told when PFC Manning might
15 have gone on his mid tour leave?

16 A I think at some point he did, but I can't
17 recall specifically when that was.

18 Q What type of meeting was the 16 February
19 meeting?

20 A Again, it was to follow on therapy session.

21 Q For this meeting, did anyone from the

1 chain-of-command come and speak with you?

2 A No.

3 Q Did you learn any additional information
4 from the chain-of-command regarding PFC Manning's
5 behavior or conduct at all?

6 A No.

7 Q How long did you meet with PFC Manning on
8 this meeting?

9 A Approximately 45 minutes.

10 Q Now, you indicated in your notes that PFC
11 Manning spent a great deal of time trying to focus on
12 other issues such as his recent leave and not easily
13 being redirected.

14 What do you mean by this?

15 A I think we were -- the focus at that point
16 was the issues that he was having with work and his
17 peers and focusing on how we could help him along those
18 lines.

19 Q You also noted that PFC Manning continued
20 to focus on an inability to be himself.

21 Why would you note that?

1 A Well, I think that he probably brought up
2 some things in therapy or in the session that he
3 defined as this issue of identity, questioning how he
4 could be himself.

5 So, to be honest, I think this was a crypt
6 way of saying he was questioning some things about who
7 he was and what was going on, so...

8 Q Finally, you also note that it appears that
9 PFC Manning needed long-term psychotherapy to explore
10 and understand his issues?

11 A Right.

12 Q What was your basis for that conclusion?

13 A At that point, I think there was starting
14 to be developed in my mind that this was a personality
15 issue. I mean, this was -- the way that we define
16 personality is basically how somebody sees the world.
17 It's like putting on rose colored glasses or blue
18 glasses. You tend to see everything blue. And so the
19 personality was that with the way that he saw his
20 world, that this was a long-term -- going to be a
21 long-term process for us to kind of possibly get him to

1 see things in a different way or get him to adapt to
2 the world in the way that he saw it in a way that was
3 functional and healthy.

4 Q Based upon this meeting, you made an
5 additional diagnosis?

6 A Personality disorder, rule out a
7 personality disorder.

8 Q What does a rule out diagnosis mean?

9 A It just means that we don't have enough
10 information. Clearly, there was something in his
11 personality that suggested to me that there was an
12 issue. But at that point, I was still, again, getting
13 knowledge, having access to him, talking, learning
14 about him. So we hate to just put that on somebody
15 without having the appropriate documentation to do
16 that.

17 Q Doctor, you next saw PFC Manning on 2
18 March?

19 A Yes.

20 Q And I understand from the previous
21 testimony you wanted to see him weekly.

1 Do you know why there was a two-week gap?

2 A Again, I don't know.

3 Q And the 2 March meeting here, was this also
4 voluntary?

5 A Yes.

6 Q And prior to this meeting, did you speak
7 with anyone from the chain-of-command?

8 A No.

9 Q Did anyone from the chain-of-command try to
10 provide you with any additional information that might
11 be beneficial to your evaluation?

12 A Not that I recall.

13 Q How long did you meet with PFC Manning for
14 this session?

15 A Between 45 and 50 minutes.

16 Q And you indicated in your notes here that
17 PFC Manning continued to be guarded when discussing
18 concerns.

19 Do you recall why you would come to that
20 conclusion?

21 A Again, I think when it was -- when you sit

1 with somebody and you feel like you're working harder
2 than they are to get information, I find that I would
3 describe those people as guarded, you know. They're
4 not willing to share. They're not wanting to or are
5 not able to share and so guarded is a term that we use
6 to describe that.

7 Q You also noted that PFC Manning continued
8 to deflect issues that were too close to his comfort
9 zone?

10 A Right.

11 Q Do you recall why you made that
12 observation?

13 A I can't recall specifically. I can say
14 that typically when we start to get to a core issue,
15 people become very adamant about not getting too close
16 if they're not ready and perhaps he just wasn't ready
17 at that time or I was fumbling in the way that I did
18 it. I certainly can't blame him on that, but typically
19 when we get to issues that are hot buttons, if you
20 will, people will resist or deflect.

21 Q Doctor, let's now turn to your 16 March

1 evaluation.

2 Prior to this meeting, did anyone from the
3 chain-of-command speak with you?

4 A Not that I recall.

5 Q Did anyone from the chain-of-command try to
6 give you additional information concerning PFC Manning,
7 any concerns they might have?

8 A Not that I recall.

9 Q How long was this meeting?

10 A Between 45 and 50 minutes.

11 Q Now, I want to talk about a couple of
12 things in your notes here.

13 You indicated in your notes that PFC
14 Manning conveyed to you that his NCYC describe him as
15 being catatonic.

16 A Uh-huh.

17 Q How did this seem to impact PFC Manning?

18 A Well, based on my notes, I remembered that
19 the relationship that he had with his command -- well
20 master sergeant was interesting and I think the
21 description by this master sergeant of him as catatonic

1 kind of bothered him. I'm not sure exactly why. I'm
2 sure that we talked about it, but I don't have a whole
3 lot of recollection why.

4 Q You used a term that the relationship was
5 interesting.

6 What did you mean by that?

7 A This master sergeant -- well, based on --
8 we don't get a whole lot of memos about people from
9 their commanders and I remember thinking that first
10 memo that was part of his record prior to that
11 commander directed evaluation from Captain Lieberman,
12 that it was just interesting that this guy would take
13 the time to write out this thing and take this great
14 interest in PFC Manning, but I wasn't sure why. It
15 didn't seem like it did anything helpful, but he was
16 just interested like it was a case study, so...

17 Q Now, did you -- with regards to Master
18 Sergeant Atkins -- and we'll cover some of the later
19 evaluations, but at any time did he come directly to
20 you to talk to you?

21 A I don't believe so.

1 Q Within your history of present illness
2 section you note a persistent anxiety about one's
3 anticipated performance.

4 Do you recall why you made that notation?

5 A I believe it was -- again, it was PFC
6 Manning's just concern about his job and about what he
7 was doing, how he was doing it, how it was being
8 perceived, how he was being perceived. There was
9 always a lot of anxiety about that.

10 Q And also within the section you noted
11 hypersensitivity, overreacting to real and imagined
12 slights or failures?

13 A Right.

14 Q Why did you make that notation?

15 A I believe, at that point, we had been
16 talking about him just being super critical of himself.
17 I'm not sure -- I can't recall specifically why, but
18 feeling like he was never enough or never good enough
19 or never able to do the right thing at the right time,
20 something along those lines.

21 Q Now, during this meeting with PFC Manning,

1 did you discuss his plans for the future?

2 A Yes.

3 Q And, first of all, why would you discuss
4 future plans with a patient?

5 A I think, at that point, we were trying to
6 identify what his goals were, kind of how he saw
7 himself, where he saw himself going so that we could
8 kind of identify, then, those issues that we could work
9 on to help him achieve those goals.

10 Q And what were his future plans?

11 A I think, at that point, he was willing to
12 share that he wanted to get out of the army, go on to
13 school, maintain his security clearance as he knew that
14 opened up a lot of doors.

15 Q Based upon this meeting, did you change
16 your diagnosis at all?

17 A It looks like, at that point, I solidified
18 a personality disorder issue. I didn't leave a rule
19 out on at that point.

20 Q And what personality disorder did you find?

21 A To be honest with you, I can't remember. I

1 would think it would probably be an NOS.

2 Q What does that stand?

3 A "Not otherwise specified," meaning that
4 there's lots of different things that it could be and
5 it meets the criteria for a personality disorder, but
6 an undefined one, kind of -- to be honest with you,
7 it's a really horrible diagnosis, kind of a catch-all.
8 But at that point it was, like, all right, this is
9 clearly a way that he sees the world and it's a
10 personality issue, so...

11 Q Now, you next saw PFC Manning on 23 March?

12 A At 24 March or is it 23 March? It's dated
13 23 March, yes. But the note is written on 24 March.

14 Q And with regards to that, would it be
15 atypical for you to type up your notes the following
16 day after an interview?

17 A No, typically, as long as we got them done
18 within 24 hours we were doing well.

19 Q Now, with regards do this meeting, how long
20 was it?

21 A Between 45 and 50 minutes.

1 Q And you indicated in this meeting in your
2 notes that PFC Manning continued to have difficulty in
3 the workplace.

4 What did you base that determination upon?

5 A Well, in the note, we went on to talk about
6 a difficult place in general because there's little
7 trust, many different personalities. He began to share
8 with me a little bit more about the intel world and how
9 that kind of functions, people kind of moving for power
10 and what is power and how they kind of perceive that.

11 Q Now, you also concluded that PFC Manning
12 appeared to be filtering everything that he said to
13 you.

14 Why did you feel that was true?

15 A He had a way of expressing himself where
16 you can tell there was a lot of thought into how could
17 this be misconstrued or construed and he would stop and
18 think about -- kind of like I am now -- stop about
19 thinking about what I am about to say so that there
20 wouldn't be mixed messages. Clearly he wanted to
21 portray something.

1 Q And you concluded that PFC Manning was
2 still having difficulty trusting you as a provider.

3 Why did you feel that was still true?

4 A Again, I think it was just the process of
5 filtering the guardedness that I felt. His willingness
6 to share some things and when pressed on some things he
7 would just -- you could just feel the defenses go up
8 and you weren't getting any information, so...

9 Q Doctor, now let's turn to the 30 March
10 evaluation. And with the previous, did anyone from the
11 chain-of-command for PFC Manning share any information
12 with you or any observations prior to this evaluation?

13 A Not that I recall.

14 Q Here you concluded that he continued to
15 resist efforts to explore his work-related issues and
16 had difficulty moving from his work environment into an
17 interpersonal environment.

18 Why did you make that determination?

19 A Well, to be honest with you, based on my --
20 to the best of my recollection, I would think that it
21 was -- we talked about his coworkers, we talked about

1 him interacting with him interpersonally, outside of
2 work, and the difficulties that he was having in that
3 he was finding it difficult, I think, to find peers in
4 a deployed environment.

5 Q How was this feeling always of, I guess,
6 always being on guard impacting PFC Manning based upon
7 your observation?

8 A Well, it certainly kept him -- you know,
9 it's a weird world I think for intel folks in general.
10 I think being deployed is very isolating. Being an
11 intel person working with top secret clearance --
12 again, I have no idea what that's like, but is even
13 more isolating, things that you can share, people that
14 you find that you can befriend is probably extremely
15 limited.

16 I think that him being guarded narrowed
17 that even more. It just served to isolate him. The
18 fact that -- obviously, I was a therapist but he was
19 still guarded with me. I mean, it was one of those
20 things where you just go who can this guy share with?
21 Who does he have to kind of share feelings or whatever?

1 I mean, I had peers that I contacted throughout the
2 country. We can get on the phone and call. And I
3 don't know that he had folks like that. So it just
4 served to isolate him even more.

5 Q Now, after this, meaning you diagnosed the
6 occupational problem, why did you do that?

7 A Again, I think any time that it's the focus
8 of treatment or any -- the issue is directly related to
9 his work environment. The work environment started to
10 become more of an issue as far as what was going on
11 with him, I mean, how isolated he felt. So that's why
12 we identified it as an issue or a problem.

13 Q Doctor, you next saw him on 6 April, 2010;
14 is that correct?

15 A Yes.

16 Q And again, did anyone from the
17 chain-of-command share any information with you prior
18 to this meeting?

19 A Not that I recall.

20 Q Here you indicated again in your notes that
21 PFC Manning was continuing to have difficulty in the

1 workplace.

2 Was this for the same reasons as before or
3 were there any other factors?

4 A The best of my recollection, I would think
5 that it was the same things that were going on, the
6 continuation.

7 Q And you concluded that PFC Manning remained
8 focused on maintaining his behavior and expecting a
9 different outcome.

10 What did you mean by that?

11 A I think one of the things that we often --
12 again, I think it's a personality style. There's a
13 flexibility that comes with personality and we often
14 talk about being able to be flexibility and say can you
15 see something from somebody else's point of view, can
16 you understand why they would respond that way, can you
17 put yourself in their shoes, basically.

18 And, at that point, it seemed that PFC
19 Manning was unable to kind of do that, to be flexible,
20 to have this flexible personality style. I think
21 that's why.

1 Q Doctor, let's talk up now about your
2 evaluation on 8 May.

3 That was your next evaluation of PFC
4 Manning; is that correct?

5 A Yes. Yes, it was.

6 Q And that was at 01:30 in the morning?

7 A Yes.

8 Q Do you know why there was a 32-day gap
9 between your 6 April session and your 8 May session?

10 A I know that, at that point, I went on mid
11 tour leave and I had scheduled my commander to followup
12 with PFC Manning.

13 Q Do you know if that happened?

14 A Based on my notes, I don't believe it did,
15 so...

16 Q What type of evaluation was your 8 May
17 meeting with PFC Manning on 01:30?

18 A I think it would have been, I think, in
19 conjunction with a commander up in evaluation.

20 Q And who brought PFC Manning to you in order
21 to be seen by you?

1 A My notes says his NCYC which would have
2 been Master Sergeant Atkins.

3 Q Now, were you working at that time, at
4 01:30 in the morning?

5 A No, I was sleeping.

6 Q So they -- I guess they woke you up to meet
7 with PFC Manning?

8 A That's correct.

9 Q Prior to this meeting, did you speak with
10 Master Sergeant Atkins?

11 A Not that I recall. Not in a professional
12 manner. Maybe in passing.

13 Q Doctor, I'm handing you Defense Exhibit NNN
14 and Defense Exhibit MMM. If you would, just glance at
15 both of those for a moment.

16 A (Witness complied.)

17 Q Doctor, did Master Sergeant Atkins -- I'm
18 retrieving both exhibits from the witness.

19 Did Master Sergeant Atkins share the
20 April 2010 memorandum with you at any time prior to
21 8 May 2010?

1 A I believe so.

2 Q Did Master Sergeant Atkins share the
3 8 May 2010 memorandum with you when he brought PFC
4 Manning to you?

5 A Yes, I think he may have been given both of
6 those at the same time.

7 Q Was that on 8 May?

8 A I believe so.

9 Q And at the time that he gave these to you,
10 did he talk to you at all?

11 A I believe, at that point, we were able to
12 talk because there was command directed evaluation.

13 Q Do you recall that conversation with Master
14 Sergeant Atkins?

15 A Typically, those kinds of issues I don't
16 share a whole lot just based on I don't want to break
17 someone's confidentiality if I don't have to. So I
18 think I let him do all the talking which was basically
19 regurgitating what he had written out.

20 Q Did you have any questions for him based
21 upon what he brought out?

1 A Not that I recall. At that point, I think
2 that we just talked about what the next steps would be.

3 Q What was your reason for seeing PFC Manning
4 at 01:30 on 8 May?

5 A His NCYC brought him to see me because he
6 had struck another -- a fellow soldier.

7 Q And how long did that meeting last with PFC
8 Manning?

9 A I would say probably between an hour and
10 two hours at that point.

11 Q And what topics did you discuss during that
12 timeframe?

13 A I think we discussed a lot of different
14 things at that point and what was going on, how he
15 ended up there, how he felt up until that point. I
16 know in my notes here he talks about deteriorating over
17 the last couple of weeks and, at that point, he had
18 no-showed for my commander who was filling in for me
19 while I was gone.

20 He talked about his relationship resent
21 ending, daily support of his family and friends. He

1 feels that he's in a bad way and this is causing much
2 pain and confusion. He was going it alone and really
3 felt alone and he talked about an E-mail that he sent
4 to me that Thursday prior to this issue.

5 Q Did you receive that E-mail?

6 A I remember specifically -- I don't remember
7 specifically when I received it. I know that there was
8 some kind of delay. I remember specifically trying to
9 figure out -- he said that he sent it on a specific
10 day, but for some reason I didn't get it for several
11 days. And so -- that's what I remember about the
12 E-mail.

13 Q We'll talk about the E-mail in a moment.

14 Did he also share with you, at that point,
15 any gender issues?

16 A I think we had talked about -- because of
17 what was in the E-mail, we talked about some gender
18 issues at that point.

19 Q And did you make any additional diagnosis
20 based upon the conversation?

21 A At that point, I think it was gender

1 identity disorder. It met the criteria.

2 Q Why did you diagnose gender identity
3 disorder?

4 A Again, the criteria for it. Without having
5 the DSM in front of me, I'll kind of wing it.
6 Basically, he -- all the criteria needed to meet that
7 diagnosis, at that point, he was sharing enough with me
8 to suggest that he met the diagnosis.

9 Q Now, I want to show you that E-mail. I'm
10 showing you Defense Exhibit QQQ. That E-mail actually
11 also has other exchanges. But can you look down to the
12 E-mail from PFC Manning.

13 Is that the same E-mail that he sent to
14 you?

15 A It looks to be so.

16 Q Did the E-mail that he sent to you have a
17 photograph attached to it?

18 A Yes.

19 Q And can you look to the last page of that
20 exhibit?

21 A Yes.

1 Q Does that look to be the same photograph?

2 A Yes.

3 Q I am retrieving Defense Exhibit QQQ from
4 the witness.

5 How was, from your perspective, the gender
6 identity issue impacting PFC Manning?

7 A Well, I think being in the military and
8 having a gender identity issue does not exactly go
9 hand-in-hand. I think it further serves to isolate to
10 create this issue with kind of defining who you are as
11 a person, kind of figuring out what role you play in
12 the world and how do you fit into this one that you're
13 in.

14 At that time, the military was not exactly
15 friendly toward the gay community or anybody that held
16 views as such. So I don't know that it's friendly now
17 either, but it seems to be getting toward that point
18 so.

19 Q What sort of support mechanisms did he have
20 within the military to deal with this issue?

21 A Really, none. There was nothing available

1 other than somebody like me and, again, he was taking a
2 chance with that.

3 Q Why do you say that?

4 A Because, at that point, being homosexual
5 was an article -- I forget what the article was, but it
6 was an UCMJ violation. So to be openly gay was a UCMJ
7 violation. You could be court marshaled and put out of
8 military. So to share that with anybody was an
9 extremely difficult thing.

10 Q And how did not having any support
11 mechanisms, from your perspective, impact PFC Manning?

12 A Again, I think going back to being deployed
13 in general is difficult for anyone. You're away
14 from -- you're thousands of miles from your support
15 base, if you have one. I think for him specifically
16 there was little to no support base there to begin
17 with. You put him in this environment, this kind of
18 hypermasculine environment, if you will, and with no
19 supports and few coping skills, the pressure would
20 have been difficult, to say the least. It would have
21 been incredible.

1 Q Now, I want to talk about your second
2 evaluation on 8 May. You saw him later that same day;
3 is that correct?

4 A I believe so.

5 Q If you look to the next 8 May, I believe it
6 was 08:55.

7 A Okay.

8 Q Do you see that, Doctor?

9 A I see 08:54. Am I looking in the wrong
10 spot?

11 Q 8:54 would be close enough.

12 A Okay.

13 Q With regards to that meeting, what type of
14 meeting was that?

15 A Just, again, a scheduled appointment, a
16 regular therapy session.

17 Q How long did you meet with PFC Manning on
18 that day?

19 A Between 45 and 50 minutes.

20 Q You indicated in your notes that PFC
21 Manning felt much better after sharing his identity

1 issue with you.

2 What do you base that note -- that belief
3 upon?

4 A I think his affect was different. I mean,
5 before it was, you know, we would share kind of a smile
6 or a laugh, but it was sometimes forced and I think at
7 that point he had finally felt much more comfortable
8 just having it out, that it's kind of like if you share
9 any secret, you know, it's a shared -- it's no longer a
10 secret, you shine light on it and it's done, it's out
11 there and I think that was a big relief for him to be
12 able to share that.

13 Q Would you expect an individual such as --
14 in the position such as PFC Manning to feel better
15 after sharing something like a gender identity issue?

16 A Yeah. Again, it's going to be individual.
17 I think -- I can only assume -- I mean, I wouldn't
18 assume, but it appeared to me, based on how he was
19 responding, that there was some kind of an affect lift
20 or a generation of a positive feeling based on that
21 revelation.

1 Q Now, you also met with PFC Manning on
2 several occasions during May. We won't go through
3 those, but there are other meetings on 10 May, 12 May,
4 13 May, 15 May, 19 May and 26 May.

5 A couple of those are no-shows, but
6 majority of them you actually sat down with PFC
7 Manning; is that correct?

8 A Yes.

9 Q And what was your treatment plan for PFC
10 Manning based upon the disclosures that he made to you?

11 A I think after the -- after he hit his
12 fellow soldier, we -- again, in talking with -- I think
13 it was myself and Captain Critchfield the [inaudible]
14 officer, discussed the plan, where do we go from here,
15 you know, what might be best. We sat down with them
16 and talk about chaptering him out at that point,
17 looking at what was in his best interest as far as
18 being able to keep his -- not only his benefits, but
19 his security clearance, things like that, so that he
20 could go on and have a productive life.

21 Q And do you know why, at that point, a

1 chapter would be pursued?

2 A I think we kind of identified at that point
3 this was a long-term issue, something that would be
4 better served outside of the military and, again, I'm
5 guessing based on my remembrance.

6 Q Doctor, I'd to invite and ask you a few
7 questions about gender identity. At the time, it was
8 gender identity disorder and I believe now it's gender
9 dysphoria?

10 A Dysphoria, yes, sir.

11 Q Would you agree that gender is a core issue
12 of identity for a person?

13 A Absolutely.

14 Q And why is that?

15 A It's, again, how we define our world and
16 what role we serve in it at this point anyways. I
17 think may be some point in the future gender won't
18 matter as much. At this point, it's very much a
19 defining part of who we are and how we function.

20 Q And would a gender identity -- now, let's
21 say gender dysphoria, impact the ability of a person in

1 their daily life?

2 A I guess it depends. Again, depending on
3 the individual. The very fact that there's a diagnosis
4 of gender identity dysphoria would suggest that there's
5 some impact on their life. Having a gender identity
6 issue certainly can be impactful in that they're still
7 coming to grips with that process, who they are and how
8 will this be accepted. So certainly it can be an
9 extremely difficult -- extremely difficult process at
10 best.

11 Q And could this process cause somebody to
12 feel alone?

13 A Absolutely.

14 Q Could it cause somebody to struggle to fit
15 within society?

16 A Absolutely.

17 Q And could it cause someone to struggle in
18 their work environment?

19 A Absolutely.

20 Q Given the gender identity disorder that you
21 diagnosed, could PFC Manning have openly sought

1 treatment within the military?

2 A I guess it's a difficult question to
3 answer. Openly sought treatment, at that point -- and
4 I don't believe now based on the way the UCMJ is --
5 there would never be a time that he would be able to be
6 openly female. So seeking treatment for that -- again,
7 the treatment would be helping adjust to that. The
8 treatment is not treating that like it's a disorder.
9 It's helping them be comfortable with that process. So
10 that would be difficult to do in the army and in the
11 military.

12 Q Does the fact now that you understand that
13 PFC Manning was dealing with a gender identity issue
14 explain, in hindsight, the trust issues and inability
15 to open up with you that you saw from pretty much the
16 December timeframe forward?

17 A I think it would be hard to say that that
18 was the only -- could be the only issue. There could
19 be lots of things. But certainly that would have
20 been -- in my mind, that could have been a very big
21 one, a big reason for that.

1 Q Did the fact that PFC Manning have to
2 deal -- had to deal with this issue while being
3 deployed have an impact on him?

4 A I would assume that, again, under the best
5 circumstances, people who have those kinds of issues,
6 people who are dealing with that process is extremely
7 difficult and that's under the best circumstances. I
8 mean, we have a person that's in a deployed
9 environment, again, in a working -- again, based on
10 what I saw and what I understood about his experience,
11 almost an openly hostile environment just based on who
12 he was without the gender identity would have made it
13 extremely difficult. I can't imagine. I mean, it's
14 hard for me to put myself in that place.

15 Q Have you had an opportunity, Doctor, to
16 review PFC Manning's mental health records before he
17 deployed to Iraq?

18 A I have now. I did not before.

19 Q And what conclusions, if any, did you reach
20 after reviewing these documents?

21 A That clearly there was a pattern of

1 problematic behavior issues, things that were going on
2 that would have been red flags I think prior to his
3 deployment.

4 Again, I wasn't able to reach back in
5 theater and look at those records. So I didn't get to
6 see those records until after all of this.

7 Q Based upon your interaction with the second
8 BCT, did you notice any issues regarding how they
9 selected who should remain deployed?

10 A I think -- well, I can only speak to what
11 my experience was with the second BCT and I would say
12 it wasn't exactly positive.

13 Q Why would you say that?

14 A I would say that my experience with them,
15 they seem to -- again, my role is to recommend, get
16 recommendations to the leadership. That's all I do.
17 They ultimately make that decision.

18 Some of the recommendations that I have
19 made they have difficulty kind of understanding and so
20 I had to do more than my fair share of work to help
21 them understand and I had some experiences where I

1 questioned why they would want to leave somebody in the
2 position with the issues that they had.

3 MR. COOMBS: Thank you, Doctor. No further
4 questions.

5 THE COURT: Cross-examination?

6 MR. VON ELTEN: Your Honor, could we have a
7 15-minute comfort break?

8 MR. MORROW: Actually, Your Honor, let's
9 make that 20 minutes. We need a comfort break as well
10 but we weren't aware that Captain Worsley was
11 testifying as an expert. So I'm just reviewing
12 Exhibit 344 and we just ask for 20 minutes.

13 THE COURT: Any objections?

14 MR. COOMBS: No objections.

15 THE COURT: Court is in recess until 20
16 after 11:00.

17 (There was a recess taken at 11:01 and the
18 trial resumed at 11:22.)

19 THE CLERK: All rise.

20 THE COURT: Please be seated. The court is
21 called to order. Let the record reflect all parties

1 present when the court last recessed are again present
2 in court.

3 Just for the record, prior to the court
4 recessing, I neglected to advise the witness not to
5 speak with anyone over the course of the recess. I
6 realized that and called one member of the prosecution
7 and one member of the defense and ask that the witness
8 be so advised.

9 Was that accomplished?

10 MR. COOMBS: It was, Your Honor.

11 THE COURT: Thank you.

12 Is the government ready to proceed?

13 EXAMINATION BY MR. VON ELTEN:

14 Q Captain Worsley, the majority of the time
15 you treated PFC Manning, his conditions didn't stand
16 out to you, did they?

17 A Say it again. I don't understand.

18 Q Did those conditions stand out to you as
19 being -- making him unfit for service?

20 A Not initially, no.

21 Q So during the timeframe you treated him

1 from December up until early May, you consistently
2 found he was fit for duty?

3 A Yes.

4 Q And so you released him without
5 limitations?

6 A No. Actually, the May command directed
7 evaluation he was released with limitations.

8 Q But before the May command evaluation --

9 A It was ongoing psychotherapy, yes.

10 Q And that was normal?

11 A Yes.

12 Q And it was also normal -- was it also
13 normal for the command not to be apprised of every
14 single evaluation you gave a soldier?

15 A As long as they weren't command directed
16 evaluations, I didn't have any -- I shouldn't have had
17 any contact with anybody's command. The commander --
18 I'm sorry, I just -- maybe you -- do you want to
19 clarify or do you want me to...

20 Q No, that's fine.

21 A On a command directed evaluation, the

1 command is specifically involved in and they get
2 feedback from the clinician. Psychotherapy, just in
3 general, voluntarily there's no feedback given to any
4 of the command.

5 Q No procedures for command evaluation?

6 A That's correct.

7 Q When are they?

8 A Typically, there has to be an identifier.
9 It would be a threat to self or threat to others.
10 Psychotic breaks. Something very specific or
11 unexplainable. The command then contacts the clinician
12 and discusses it, asks if it is an appropriate
13 referral. We would then say yea or nay. If we say
14 yea, then they escort the person to us. We do an
15 evaluation and give specific feedback to the command
16 about that evaluation.

17 Q The majority of PFC Manning's evaluations
18 were voluntary?

19 A Maybe I'm just understanding you. What I
20 did was therapy, psychotherapy. The evaluations were
21 all command directed.

1 Q Every single command directed -- every
2 evaluation you did for PFC Manning was command
3 directed?

4 A Evaluation, yes. Again, I don't want to --

5 Q So he was escorted every single time to the
6 procedure?

7 A No, no, no.

8 Q So it wasn't a command directed evaluation,
9 right?

10 A I guess what I'm saying is therapy, maybe
11 you're saying is evaluation. I'm sorry, I don't mean
12 to be difficult.

13 Command directed evaluations are always
14 somebody is with him and we give feedback. Regular
15 therapy or psychotherapy, ongoing therapy is there's
16 no -- he walks into the office and walks out of the
17 office.

18 Q So most of the visits were not evaluations
19 then?

20 A That's correct.

21 Q Between December -- 24 December and 8 May

1 they were not evaluations?

2 A Between 30 December.

3 Q 30 December for you?

4 A Right. The majority of them were just
5 regular sessions.

6 Q But you did conduct an evaluation after the
7 assault committed by PFC Manning?

8 A That's correct.

9 Q And as part of this evaluation, you made a
10 recommendation?

11 A That's correct.

12 Q And that recommendation was followed by the
13 command?

14 A As far as I know, yes.

15 Q The unit did support PFC Manning's getting
16 mental health help where he needed it, right?

17 A Yes. As far as I know, yes.

18 Q Master Sergeant Atkins took an interest in
19 making sure PFC Manning was receiving help where he
20 thought he needed it?

21 A As far as I know. Based on my

1 recollection, I'm not sure. There were spaces where he
2 didn't -- 30 to 40 days, I think, but I don't know why.
3 Again, it could have been for whatever reasons. But
4 based on what my experience was, they supported him
5 getting mental health help.

6 Q Voluntarily therapy doesn't require
7 followup all the time, does it?

8 A Not always.

9 Q It's the patient's choice to attend?

10 A Absolutely.

11 Q What was the confidentiality disclaimer you
12 gave to your patients?

13 A Typically, the same confidentiality
14 disclaimer I give to everybody. Everything that you
15 say -- can I just give you the spiel?

16 Q Please.

17 A Everything that you say in here stays in
18 here with a few exceptions. One of those is if you
19 reveal any intent to harm yourself or -- to kill
20 yourself or kill somebody else. You reveal any ongoing
21 abuse involving of a child or elderly person or you

1 share with me some violation of UCMJ, that needs to be
2 reported. Those are the kinds of things that I
3 would...

4 Q Did you give that disclaimer to PFC
5 Manning?

6 A Yes.

7 Q Did he understand it?

8 A As far as I can tell, yes.

9 Q Did you have soldiers discuss their sexual
10 orientation during therapy sessions with you?

11 A Yes.

12 Q Were some of those soldiers junior
13 enlisted?

14 A Yes.

15 Q Did some junior enlisted soldiers tell you
16 they were gay?

17 A Eventually.

18 Q Did you report to their command that they
19 were gay?

20 A No.

21 Q So you held it in confidence?

1 A Yes.

2 Q As per the confidentiality talk you gave to
3 your patients?

4 A Yes.

5 Q Retrieving Prosecution Exhibit 204 for
6 identification.

7 Do you recognize this note, Captain
8 Worsley?

9 A I'm sorry. Say it again.

10 Q Do you recognize that?

11 A It's a note dated 24 December written by
12 Captain Lieberman.

13 Q When you were deployed in Iraq at FOB
14 Hammer, did you have access to medical records?

15 A Yes.

16 Q Did you have access records that were
17 generated at FOB Hammer?

18 A Yes.

19 Q Is this one of those records?

20 A Based on what I can see.

21 Q You would have been reviewed this record as

1 part of your treatment of PFC Manning?

2 A Yes.

3 MR. VON ELTEN: Your Honor, the United
4 States offers Prosecution Exhibit 204 for
5 identification into evidence.

6 THE COURT: Any objection?

7 MR. COOMBS: No objection, Your Honor.

8 THE COURT: May I see it, please.

9 Prosecution Exhibit 204 for identification is admitted.
10 Do you want the witness to have it?

11 MR. VON ELTEN: Yes, ma'am.

12 BY MR. VON ELTEN:

13 Q Please take a moment to review it, Captain
14 Worsley, the objective section. I think it's on the
15 second page.

16 A Okay.

17 Q PFC Manning was hypersensitive, correct?

18 A Yes, he was very sensitive.

19 Q He was hypersensitive to criticism,
20 correct?

21 A Yes.

1 Q And he was hypersensitive to criticism from
2 others, correct?

3 A Yes.

4 Q Retrieving Prosecution Exhibit 204, Your
5 Honor. We're retrieving Defense Exhibit VVV. I hand
6 it to the witness.

7 Would you please turn to the notes for 16
8 February, 2010. What is followup time had been (sic)?

9 A I'm sorry, the followup time?

10 Q The amount of time for followup for the
11 next appointment dated in the record?

12 A Two weeks.

13 Q Why was it two weeks?

14 A To be honest with you, I can't recall.

15 Q Is two weeks the amount of time that goes
16 between therapy sessions for somebody in a serious
17 condition?

18 A Not typically.

19 Q So it's for less -- it's the amount of time
20 for a less serious condition?

21 A It depends, I guess. I can't answer that

1 question. Typically, if somebody was -- had a serious
2 condition where you'd want to follow up with them more
3 frequently.

4 Q Would you please turn to 6 April, 2010?

5 A Okay.

6 Q What does the note say about PFC Manning's
7 empathy?

8 A I'm sorry, is it a specific area?

9 There is a bullet point. Is that what
10 you're talking about?

11 Q What does it say?

12 A There's bullet points down below, the
13 history of present illness. It says anxiety persistent
14 or a worry continuously for a month or more,
15 interfering with work, energy, inability to express
16 warmth and tenderness. Pain excessive attention to
17 detail. Inability to communicate effectively. Lack of
18 balance between leisure activities and work.

19 Is that where you're talking?

20 Q One moment, please. (Pause.)

21 In discussing this note, how could PFC

1 Manning not put himself in the shoes of others?

2 A Excuse me? I'm sorry, I don't understand.

3 Q Based on the content of that note, do you
4 think PFC Manning could put himself into the shoes of
5 others?

6 A Again, I talked earlier about -- it's
7 suggesting a personality style, a rigid personality
8 style, inability to be flexibility --

9 Q Does a rigid personality empathize well?

10 A Not typically. Empathy would suggest that
11 they're able to kind of put themselves in somebody
12 else's shoes to feel what they're feeling.

13 Q That would suggest flexibility?

14 A Flexibility.

15 Q Not rigidity?

16 A That's correct.

17 Q Did PFC Manning ever deny his role in his
18 problems?

19 A I would say the easy answer to that is no
20 because we didn't discuss --

21 Q Please turn to the note on 26 May, 2010.

1 A (Witness complied.)

2 Q Look under the history of present illness.

3 A Okay.

4 Q What does it say about PFC Manning's
5 acknowledgement about his role in his problems?

6 A Let's see. I think this is what you're --
7 later in the session he began discussing his history of
8 disappointments. We discussed various variables in his
9 role in those disappointments. As a service member, he
10 continues to have difficulty understanding his role and
11 denies same.

12 Q So he denied his role in his problems?

13 A Right. I think it was -- right. It was
14 understanding what the role was.

15 Q So he would have been blamed other people,
16 then, for his problems if he's not blaming himself?

17 A I think it was -- again, it was the
18 flexibility or inability to be flexible to kind of see
19 his involvement with other people and how that kind of
20 came to fruition.

21 Q But he's not blaming himself?

1 A I would assume not. I mean, if we're
2 talking about specifics, I don't know what -- blaming
3 himself for just in general?

4 Q Just in general for his problems.

5 A I don't -- again, I think it just depends
6 on the context.

7 Q He's not acknowledging his role, though?

8 A Right. Okay.

9 Q Is that a yes?

10 A Again, to me, it's based on context. I
11 don't know what we were talking about on this one.
12 Again, I can give you a general answer but, I mean, it
13 just would be kind of generalized.

14 So we can talk about his history of
15 disappointments and roles. I can't remember
16 specifically what those disappointments would be. I
17 don't mean to be evasive. I'm sorry.

18 Q Did PFC Manning believe he was special?

19 A I don't think we ever talked about
20 "special."

21 Q We'll come back to that.

1 Earlier, you testified about PFC Manning's
2 connection with others while deployed?

3 A Yes.

4 Q Did PFC Manning ever tell you that people
5 reached out to him?

6 A Not -- I mean, other than people he worked
7 with, yes.

8 Q Did PFC Manning tell you that people
9 offered to go to meals with him?

10 A No.

11 Q Did PFC Manning tell you that he was
12 offered coffee?

13 A No.

14 Q Did PFC Manning tell you that other
15 soldiers went on walks with him?

16 A No.

17 Q Did PFC Manning tell you that other
18 soldiers offered to go to the gym with him?

19 A No.

20 Q Did PFC Manning tell you that he went on
21 smoke breaks with other people?

1 A No -- well, smoke breaks, maybe. But, I
2 mean.

3 Q So PFC Manning was describing his sense of
4 things to you. He was leaving a lot of things out
5 then?

6 A Yeah, most people do.

7 Q In addition to you as a resource, PFC
8 Manning had chaplains available also?

9 A Absolutely.

10 Q I'm retrieving Prosecution Exhibit 30.

11 THE COURT: Are you standing for a reason?
12 Hold on.

13 MR. COOMBS: Yes, Your Honor. I would
14 object to relevance, but P30 apparently is the Adrian
15 Lamo chats?

16 THE COURT: Yes.

17 MR. COOMBS: I just object to relevance.

18 THE COURT: Overruled. The issue of who
19 PFC Manning had to communicate with has been raised.

20 BY MR. VAN ELTEN:

21 Q Did PFC Manning like his fellow soldiers?

1 A I don't know that we ever talked about like
2 or dislike.

3 Q Would you turn to page 7, please?

4 A (Witness complied). Okay. Did you want me
5 to read it?

6 Q Let me make sure of the page, sir.

7 (Pause.)

8 He talks about himself and he also talks
9 about fellow soldiers?

10 A I'm one-third of the way there.

11 THE COURT: Why don't you point him out...

12 Q The trigger happy one.

13 A I'm sorry.

14 Q Right here and right here. There's another
15 one I'm going to ask you about in a second right there.

16 A Okay.

17 Q How does PFC Manning describe his fellow
18 soldiers?

19 THE COURT: Yes?

20 MR. COOMBS: I object to the basis of
21 having this IM chat conversation taken out of context,

1 as usual what the government does with statements in
2 this PE30.

3 If the government want to pose a
4 hypothetical, that might be appropriate for this
5 witness as an expert then to say assume these facts
6 were true. But here he is cherry picking a particular
7 statement out of context which this expert has never
8 even seen.

9 THE COURT: Well, I'm going to allow the
10 government to discuss statements, but not having the
11 witness read them and then --

12 MR. VON ELTEN: I just want to make sure
13 we're talking about the right statements so I can ask
14 him his opinions about it.

15 THE COURT: Why don't you -- sustained in
16 part. You take the exhibit, you ask the witness a
17 question about a particular statement and let him
18 opine.

19 MR. VON ELTEN: Retrieving prosecution
20 Exhibit 30.

21 BY MR. VON ELTEN:

1 Q Dr. Worsley, if I soldier were to describe
2 his fellow soldiers as ignorant rednecks --

3 A Yes.

4 Q -- what would that mean? What is your
5 opinion about what that means he thinks his fellow
6 soldier is?

7 A Again, it depends. I mean, I can't say
8 that I haven't called my folks that I worked with in
9 the marine corp rednecks. It certainly is disparaging
10 for whatever reason. I know -- I think when I did
11 that, I was probably frustrated in some way.

12 Q What if the soldier also describes himself
13 as being super intelligent?

14 A It's a bit narcissistic or can be
15 considered to be a bit narcissistic but...

16 Q Why is it narcissistic?

17 A Well, I guess unless you've truthfully been
18 defined as super intelligent. Maybe if I had been
19 tested and my IQ was 130, I would be defined as super
20 intelligent. But not knowing that, defining yourself
21 as super intelligent can be considered narcissistic.

1 Q Is defining yourself as being better than
2 someone else narcissism?

3 A It's a part of that process, sure.

4 Q So if a soldier describes himself as being
5 super intelligent --

6 A It's a small piece of that, but, certainly
7 yeah. I mean...

8 Q It's a narcissistic trait?

9 A True.

10 Q Do narcissists believe they're special?

11 A Narcissism is a difficult one in that
12 there's really an underlying process of inadequacy
13 that's based on narcissism. So as a defense to the
14 inadequacy, they develop this "I am better than" or
15 "I'm more special than."

16 Q If a soldier is narcissistic, would he
17 necessarily want to associate with other soldiers
18 around him that he believed were beneath him?

19 A Again, it depends. Certainly there are
20 some people who are narcissistic and they want to be
21 around people so they can feel better about themselves

1 because they tell themselves all the time that they're
2 better those people. So it just depends. It's really
3 an individual process. So it's hard to say
4 specifically that this would happen every time, if that
5 makes sense.

6 Q Would it make it more likely that -- if a
7 soldier were narcissistic, would it make it more likely
8 he would reject invitations?

9 A Reject invitations?

10 Q To go to dinner, for instance?

11 A It depends. Again, individually, if there
12 was something that was reinforcing about that to the
13 individual, if it helped prop themselves up, give
14 themselves -- reinforce that narcissism, if you will,
15 or those good feelings, then they probably wouldn't
16 turn to them. They would probably want to be a part of
17 those things as much as they could. Again, it's an
18 individual -- some people will, some people wouldn't.
19 It just depends on how that process works for them.

20 Q Do people typically hang out with people
21 they consider to be beneath them?

1 A I don't know.

2 Q In your professional opinion?

3 THE COURT: He doesn't know. Move on.

4 MR. COOMBS: No redirect.

5 THE COURT: Captain Worsley, I have a few
6 questions.

7 THE WITNESS: Yes, ma'am.

8 THE COURT: You testified earlier that you
9 had no left-right seat with -- was it Captain
10 Lieberman?

11 THE WITNESS: Captain Lieberman, yes.

12 THE COURT: Were you there at FOB Hammer at
13 the same time?

14 THE WITNESS: Yes, ma'am. There's about --
15 I think there was a eight or nine day overlap. So we
16 were there at the same time, yes.

17 THE COURT: Then I guess I'm confused as to
18 why there was no left-right seat.

19 THE WITNESS: I was confused as well,
20 ma'am. I guess, one, certainly it would have been my
21 inexperience. It was first time deploying as a

1 psychologist in the army. I didn't know what to
2 expect.

3 Secondly, I don't think Captain Lieberman
4 kind of knew how to do the left and right seat. And at
5 that point, it just didn't happen. I kind of went
6 about -- actually, I ended up touring around more with
7 the staff sergeant who was this mental health
8 technician than I did with Captain Lieberman.

9 I'm going to assume you are probably
10 familiar, but you probably are. Typically, what
11 happened would be I would come in, he would share with
12 me all of this stuff, what was ongoing, what was
13 pertinent and important. He would take me around and
14 introduce me to all of the company commanders, to the
15 battalion and brigade commanders. None of that
16 happened.

17 THE COURT: Were you at FOB Hammer on the
18 24th of December?

19 THE WITNESS: I can't remember exactly when
20 we got there. It was a good possibility we were.

21 THE COURT: Were you present during

1 Dr. Lieberman's --

2 THE WITNESS: No, ma'am.

3 THE COURT: -- appointment with PFC

4 Manning?

5 THE WITNESS: No, ma'am.

6 THE COURT: Just to make sure I'm clear,
7 from your -- you distinguish between a command directed
8 evaluation and psychotherapy.

9 Was the only command directed evaluation
10 you had of PFC Manning on the 8th of May 2010?

11 THE WITNESS: I believe so. Yes, ma'am.

12 THE COURT: When you have a command
13 directed visit and you've been treating the person
14 before for psychotherapy, what are the confidentiality
15 rules for that?

16 Do you disclose anything to the
17 chain-of-command on what happened --

18 THE WITNESS: What happened in the past,
19 no, ma'am. The assessment is the focus on that
20 assessment that day at that time. This is the issue
21 that's been defined by the command as problematic for

1 whatever reason.

2 If we assessed that behavior, that issue,
3 and we give the command feedback based on that,
4 certainly you can't do -- and there is no way to do an
5 evaluation without taking into account the history, but
6 based on that assessment, then that's the feedback that
7 we give to the command.

8 THE COURT: Do you remember, sitting here
9 today, these sessions that you had with PFC Manning?

10 THE WITNESS: Just based on minutes.
11 There's some stuff that jogs some memories in there.
12 Certainly, this was a more high profile case than the
13 rest of my cases. So there's things that I remember,
14 but certainly I don't remember all details.

15 THE COURT: Any followup questions based on
16 that?

17 MR. COOMBS: No, Your Honor.

18 MR. VON ELTEN: Prosecution Exhibit 30.

19 THE COURT: All right. Captain Worsley,
20 you're temporarily excused. Please don't discuss your
21 testimony or knowledge of the case with anyone other

1 than counsel of the accused while the trial is still
2 going on.

3 THE WITNESS: Yes, ma'am. Thank you. I
4 appreciate it.

5 THE COURT: Why don't you hand that to the
6 court reporter?

7 (Witness complied.)

8 Mr. Coombs, looking at the time and the
9 fact we might have a longer period down the road, do
10 you think that we should go into the direct of the next
11 witness?

12 MR. COOMBS: No, Your Honor. I think it
13 might be a good -- I think the government needed some
14 extra time for the next witness as well. So depending
15 upon how much time the government needed, we can call
16 the next witness at that point.

17 MR. MORROW: We will need time for the
18 witness to testify on direct. Can I have a moment,
19 Your Honor?

20 THE COURT: Yes.

21 (Pause.)

1 THE COURT: That's my point. If the
2 government is going to need an extended recess after
3 the direct, I really don't want to take two of them.

4 MR. MORROW: I agree, Your Honor.

5 MR. COOMBS: The direct will probably last
6 more than an hour. The lunch they have available here
7 is from 12:00 to 13:30. So if the court would like to
8 go with the direct to a certain period of time and then
9 break or do a quick lunch and then pick up with the
10 direct?

11 THE COURT: Well, government, if we do a
12 half-an-hour lunch and then went we pick up again with
13 the direct and then do the extended recess after that?

14 MR. VAN ELTEN: That's exactly what I
15 propose.

16 THE COURT: Any issues with that,
17 Mr. Coombs?

18 MR. COOMBS: No issues with that.

19 THE COURT: So if we reconvene, then, at
20 12:30, does that work for everyone?

21 MR. COOMBS: Yes, Your Honor.

1 THE COURT: All right. Court is in recess
2 until 12:30.

3 THE CLERK: All rise.

4 THE COURT: Carry on.

5 (Hearing recessed at taken at 11:54 a.m.)

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